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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

JUSTIN STERNAD FOR CONGRESS

ADDRESS (number and street) 19790 SW 101 AVENUE

Check if different than previously reported. (ACC)

CUTLER BAY FL 33157 - 8607

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT

C 00505529

3. IS THIS REPORT NEW (N) OR AMENDED (A)

FL 26

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on M M / D D / Y Y Y Y in the State of

(c) 30-Day POST-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

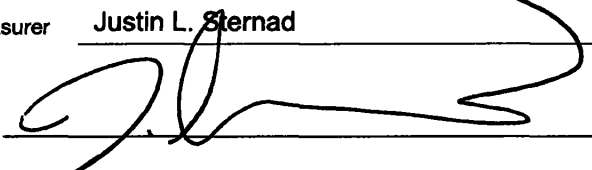
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 04 / 01 / 2012 through 06 / 30 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Justin L. Sternad

Signature of Treasurer



Date

07 / 10 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only							
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FEC FORM 3 (Revised 02/2003)

12030844952

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

JUSTIN STERNAD FOR CONGRESS

Report Covering the Period: From:

/ /

To:

/ /

**COLUMN A
This Period**

**COLUMN B
Election Cycle-to-Date**

6. Net Contributions (other than loans)

(a) Total Contributions (other than loans) (from Line 11(e))	0.00	505.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	505.00

7. Net Operating Expenditures

(a) Total Operating Expenditures (from Line 17)	10,526.45	10,526.65
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	10,526.45	10,526.65

8. Cash on Hand at Close of Reporting Period (from Line 27)

306.95

9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)

0.00

10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)

10,803.60

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

12030844953

**DETAILED SUMMARY PAGE
of Receipts**

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

JUSTIN STERNAD FOR CONGRESS

Report Covering the Period: From:

MUM	04
-----	----

 /

DUD	01
-----	----

 /

YUUYUUY	2012
---------	------

 To:

MUM	06
-----	----

 /

DUD	30
-----	----

 /

YUUYUUY	2012
---------	------

I. RECEIPTS

**COLUMN A
Total This Period**

**COLUMN B
Election Cycle-to-Date**

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

0.00

505.00

(ii) Unitemized.....

0.00

0.00

(iii) TOTAL of contributions from individuals ▶

0.00

505.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))..

0.00

505.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

10,803.60

10,878.60

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....

10,803.60

10,878.60

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

10,803.60

11,383.60

1203084954

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	10,526.45	11,026.65
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	50.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	50.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	10,526.45	11,076.65

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	29.80
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	10,803.60
25. SUBTOTAL (add Line 23 and Line 24).....	10,833.40
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	10,526.45
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	306.95

12030844955

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 OF 12	
	<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
JUSTIN STERNAD FOR CONGRESS

Full Name (Last, First, Middle Initial) Sternad, Justin L.			Date of Receipt 05 / 25 / 2012		
Mailing Address 19790 SW 101 Avenue			Amount of Each Receipt this Period 300.00		
City Cutler Bay	State FL	Zip Code 33157-8607			
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 375.00		
Name of Employer Wyndham Garden	Occupation Hotel Auditor				
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 375.00			

Full Name (Last, First, Middle Initial) Sternad, Justin L.			Date of Receipt 06 / 07 / 2012		
Mailing Address 19790 SW 101 Avenue			Amount of Each Receipt this Period 5000.00		
City Cutler Bay	State FL	Zip Code 33157-8607			
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 5375.00		
Name of Employer Wyndham Garden	Occupation Hotel Auditor				
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5375.00			

Full Name (Last, First, Middle Initial) Sternad, Justin L.			Date of Receipt 06 / 07 / 2012		
Mailing Address 19790 SW 101 Avenue			Amount of Each Receipt this Period 5500.00		
City Cutler Bay	State FL	Zip Code 33157-8607			
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 10,875.00		
Name of Employer Wyndham Garden	Occupation Hotel Auditor				
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 10,875.00			

SUBTOTAL of Receipts This Page (optional).....	10,800.00
TOTAL This Period (last page this line number only).....	

1203084956

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 OF 12		
	<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
JUSTIN STERNAD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Sternad, Justin L.

Mailing Address
19790 SW 101 Avenue

City **Cutler Bay** State **FL** Zip Code **33157-8607**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Wyndham Garden** Occupation **Hotel Auditor**

Receipt For: **2012**
 Primary General
 Other (specify)

Election Cycle-to-Date
10,878.60

Date of Receipt
04 / 12 / 2012

Amount of Each Receipt this Period
3.60

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3.60

10,803.60

12030844957

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 OF 12	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
JUSTIN STERNAD FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. TD Bank

Mailing Address
19199 S. Dixie Highway

City **Cutler Bay** State **FL** Zip Code **33157**

Purpose of Disbursement
Maintenance Fee

Candidate Name
Justin L. Sternad

Office Sought: House Senate President

Disbursement For: **2012**
 Primary General Other (specify)

State: **FL** District: **26**

Date of Disbursement

04 / **30** / **2012**

Amount of Each Disbursement this Period

8.00

001
Category/
Type

Full Name (Last, First, Middle Initial)

B. TD Bank

Mailing Address
19199 S. Dixie Highway

City **Cutler Bay** State **FL** Zip Code **33157**

Purpose of Disbursement
Maintenance Fee

Candidate Name
Justin L. Sternad

Office Sought: House Senate President

Disbursement For: **2012**
 Primary General Other (specify)

State: **FL** District: **26**

Date of Disbursement

05 / **31** / **2012**

Amount of Each Disbursement this Period

8.00

001
Category/
Type

Full Name (Last, First, Middle Initial)

C. TD Bank

Mailing Address
19199 S. Dixie Highway

City **Cutler Bay** State **FL** Zip Code **33157**

Purpose of Disbursement
Maintenance Fee

Candidate Name
Justin L. Sternad

Office Sought: House Senate President

Disbursement For: **2012**
 Primary General Other (specify)

State: **FL** District: **26**

Date of Disbursement

06 / **29** / **2012**

Amount of Each Disbursement this Period

8.00

001
Category/
Type

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

24.00

1203084958

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 8 OF 12	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21		

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
JUSTIN STERNAD FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement																					
A. USPS		<table border="1"> <tr> <td>M</td><td>L</td><td>M</td> <td>D</td><td>P</td><td>D</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td> <td>1</td><td>2</td><td></td> <td>2</td><td>0</td><td>1</td><td>2</td> </tr> </table>		M	L	M	D	P	D	Y	Y	Y	Y	0	4		1	2		2	0	1	2
M	L	M	D	P	D	Y	Y	Y	Y														
0	4		1	2		2	0	1	2														
Mailing Address 1300 Washington Avenue		Amount of Each Disbursement this Period																					
City Miami Beach	State FL	<table border="1"> <tr> <td colspan="10">3.60</td> </tr> </table>		3.60																			
3.60																							
Zip Code 33119		Category/Type																					
Purpose of Disbursement Postage		001																					
Candidate Name Justin L. Sternad		Office Sought:																					
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)																					
State: FL District: 26		Full Name (Last, First, Middle Initial)																					

Full Name (Last, First, Middle Initial)		Date of Disbursement																					
B. Boost Mobile		<table border="1"> <tr> <td>M</td><td>L</td><td>M</td> <td>D</td><td>P</td><td>D</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td> <td>0</td><td>1</td><td></td> <td>2</td><td>0</td><td>1</td><td>2</td> </tr> </table>		M	L	M	D	P	D	Y	Y	Y	Y	0	6		0	1		2	0	1	2
M	L	M	D	P	D	Y	Y	Y	Y														
0	6		0	1		2	0	1	2														
Mailing Address 9060 Irvine Center Drive		Amount of Each Disbursement this Period																					
City Irvine	State CA	<table border="1"> <tr> <td colspan="10">58.85</td> </tr> </table>		58.85																			
58.85																							
Zip Code 92618		Category/Type																					
Purpose of Disbursement Telephone		001																					
Candidate Name Justin L. Sternad		Office Sought:																					
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)																					
State: FL District: 26		Full Name (Last, First, Middle Initial)																					

Full Name (Last, First, Middle Initial)		Date of Disbursement																					
C. Florida Department of State		<table border="1"> <tr> <td>M</td><td>L</td><td>M</td> <td>D</td><td>P</td><td>D</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td> <td>0</td><td>5</td><td></td> <td>2</td><td>0</td><td>1</td><td>2</td> </tr> </table>		M	L	M	D	P	D	Y	Y	Y	Y	0	6		0	5		2	0	1	2
M	L	M	D	P	D	Y	Y	Y	Y														
0	6		0	5		2	0	1	2														
Mailing Address 500 S. Bronough St. Room 316, R.A. Gray Building		Amount of Each Disbursement this Period																					
City Tallahassee	State FL	<table border="1"> <tr> <td colspan="10">10,440.00</td> </tr> </table>		10,440.00																			
10,440.00																							
Zip Code 32399		Category/Type																					
Purpose of Disbursement Qualifying Fee		001																					
Candidate Name Justin L. Sternad		Office Sought:																					
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)																					
State: FL District: 26		Full Name (Last, First, Middle Initial)																					

SUBTOTAL of Disbursements This Page (optional)	<table border="1"> <tr> <td colspan="10">10,502.45</td> </tr> </table>	10,502.45									
10,502.45											
TOTAL This Period (last page this line number only)	<table border="1"> <tr> <td colspan="10">10,526.45</td> </tr> </table>	10,526.45									
10,526.45											

1203084959

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full)
JUSTIN STERNAD FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) [PERSONAL FUNDS]
STERNAD, JUSTIN L.

Election: 2012
 Primary
 General
 Other (specify) ▼

Mailing Address
19790 SW 101 Avenue

City State ZIP Code
Cutler Bay FL 33157-8607

Original Amount of Loan **3.60** Cumulative Payment To Date **0.00** Balance Outstanding at Close of This Period **3.60**

TERMS

Date Incurred **04 / 12 / 2012** Date Due **ON DEMAND** Interest Rate **0.00** % (apr) Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)..... ▶

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

1203084960

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
JUSTIN STERNAD FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) [PERSONAL FUNDS]
STERNAD, JUSTIN L.

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
19790 SW 101 Avenue

City State ZIP Code
Cutler Bay FL 33157-8607

Original Amount of Loan 300.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 300.00
--	---	--

TERMS

Date Incurred M 05 / D 25 / Y 2012	Date Due M M / D N / Y DEMAND	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------------------------------	----------------------------------	--------------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="300.00"/>
TOTALS This Period (last page in this line only)..... ▶	<input type="text"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

1203084961

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
JUSTIN STERNAD FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]**
STERNAD, JUSTIN L.

Election: **2012**
 Primary
 General
 Other (specify) ▼

Mailing Address
19790 SW 101 Avenue

City State ZIP Code
Cutler Bay FL 33157-8607

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
5,000.00 0.00 5,000.00

TERMS Date Incurred Date Due Interest Rate Secured:
06 / 07 / 2012 M M / ON DEMAND 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 5,000.00
TOTALS This Period (last page in this line only) ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

12030844962

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
JUSTIN STERNAD FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) [PERSONAL FUNDS]
STERNAD, JUSTIN L.

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
19790 SW 101 Avenue

City State ZIP Code
Cutler Bay FL 33157-8607

Original Amount of Loan 5,500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5,500.00
--	---	--

TERMS

Date Incurred M ^M / D ^P / Y ^Y Y ^Y Y ^Y 06 / 08 / 2012	Date Due M ^M / D ^P / Y ^Y Y ^Y Y ^Y 0N / DEMAND	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	--------------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)..... ▶	5,500.00
TOTALS This Period (last page in this line only)..... ▶	10,803.60

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

12030844963

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked
7/12/12

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked


PREPARER

7/17/12
DATE PREPARED

12030844964